## P190000 30991

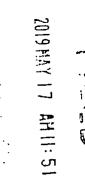
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN

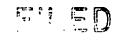
JUN - 3 2019

## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CW SOLUTION	NS & SERVICES CORP
DOCUMENT NUMBER: P19000030991	<u>.                                      </u>
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
CINTIA PIMENTA-REIS	
	Name of Contact Person
CW SOLUTIONS & SER	VICES CORP
	Firm/ Company
8577 SW 109TH AVE	
	Address
MIAMI FL 33173	
	City/ State and Zip Code
hildapereznimo@hotmail.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, plo	
Name of Contact Person	at (786 ) 712-8966  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
S35 Filing Fee Certificate of Status	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



CW SOLUTIONS & SERVICES CORP

2019 MAY 17 AM II: 51

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P19000030991		ني اور
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co	breviation ontain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		<del></del> _
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		
(Florida st	reet address)	
New Registered Office Address:	, Florida	
	(City) (Zip C	ode)
New Registered Agent's Signature, if changing Registered Agent		
hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.	
Signature of New 1	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director: TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	PIMENTA-REIS CINTIA	8577 SW 109TH AVE
Add			MIAMI FL 33173
X Remove			
2) Change	P	CINTIA PIMENTA-REIS	8577 SW 109TH AVE
X Add			MIAMI FL 33173
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

· A	ional sheets, if	necessary). (	(Be specific)				
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<u>If an amendr</u>	ment provides	for an exchan	ge, reclassific:	ation, or cance	ellat <u>ion of issuc</u>	ed shares,	
(if not a	pplicable, indi	ing the amendi	ment it not co	ntained in the	<u>amendment its</u>	seit:	
A	r. /	,					
· 		<del></del>		<u>.</u>	<del></del>		
					-	•	
		<del>-</del> -					
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	der
05/03/2019	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
CINTIA PIMENTA-REIS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>